POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	\ \B	N 88	10-20-00
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FORMALITY REVIEW		<u> </u>	
RESPONSE FORMALITY REVIEW		64665	10-19-0
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## **INDEX OF CLAIMS**

V	Rejected	N	Non-elected
	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
<u>.</u>	Restricted	0	Objected

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If more than 150 claims or 10 actions staple additional sheet here